


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**


04-18-2007 90167 042 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P00000054326</b><br>1. Entity Name<br><b>TRAGG BAR, INC.</b> |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>3100 3RD AVE NORTH<br/>SAINT PETERSBURG, FL 33713</b> | Mailing Address<br><b>2266 WILTON DR<br/>WILTON MANORS, FL 33305</b> |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1100 NE 34 CT</b><br><br>Suite, Apt. #, etc. |
|---|---|

|                         |  |                       |
|-------------------------|--|-----------------------|
| City & State<br><br>Zip | City & State<br><b>Oakland Park, FL</b><br><br>Zip<br><b>33334</b> | Country<br><b>USA</b> |
|-------------------------|--|-----------------------|



|   |       |  |
|---|-------|--|
| 03192007  | Chg-P | CR2E034 (12/06)  |
| 4. FEI Number<br><b>65-1015091</b>                        |       | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |       | <b>\$8.75 Additional Fee Required</b>                  |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>NORMAN, TERRY L<br/>2625 NE 1S T AVE.<br/>FORT LAUDERDALE, FL 33334</b> | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="text-align: right; margin-right: 20px;"> <b>FL</b> Zip Code                 </div> |
|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | PD<br>NORMAN, TERRY L           | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             | 2625 NE 1ST AVE.                | STREET ADDRESS  |  |
| CITY-ST-ZIP                | WILTON MANORS, FL 33334         | CITY-ST-ZIP   |  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | TD<br>KESSINGER, GEORGE         | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             | 1513 NE 21 ST.                  | STREET ADDRESS  | 2279 NE 9 AVE  |
| CITY-ST-ZIP                | WILTON MANORS, FL 33305         | CITY-ST-ZIP   | Wilton Manors, FL 33305  |
|                            | <input type="checkbox"/> Delete |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | D<br>GOFRANK, RONALD F          | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             | 525 POINCIANA DR                | STREET ADDRESS  |  |
| CITY-ST-ZIP                | FORT LAUDERDALE, FL 33301       | CITY-ST-ZIP   |  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |                                 | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |                                 | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|   |                        |  |
|---|------------------------|--|
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date<br><b>4/11/07</b> | Daytime Phone #<br><b>954-568-3885</b> |
|---|------------------------|--|